

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	01/07/2018 16:28
Date Of Accident	30/06/2018 22:20
Exact Location Of Accident	ALONG TAMPINES AVENUE 10 TOWARDS TAMPINES AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG8384J
Insured/Policyholder	
Name Of Registered Owner	NG LIANG HWI
NRIC No	S7829089G
Email Address	GALFORD23@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98762710
Alternative Phone No	OFFICE-98762710

Vehicle Particulars

Manufacturer	BMW
Model	218I
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AVIVA LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	10776302
Cover Note Number	

Driver

Name of Driver	NG LIANG HWI
NRIC No	S7829089G
Date Of Birth	03/10/1978
Occupation	INDOOR
Date Of Driving Pass	23/12/2002
Driving Experience	15 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98762710
Fax Number	
Contact Number	OFFICE-98762710
EEmail Address	GALFORD23@GMAIL.COM

Address	5 TAMPINES STREET 86 #07-19
Postcode	528585
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : PAMELA GENDER: : FEMALE
Passenger 2	NAME: : NICOLE GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS DRIVING ALONG TAMPINES AVE 10 TOWARDS TAMPINES AVE 1 AND IM DRIVING ON THE MOST LEFT LANE. TAFFIC WAS NORMAL AT THAT MOMENT. I REALIZE THERE WAS A CAR STOP STATIONARY IN FRONT. CARS IN FRONT OF ME SLOW DOWN AND STOP, SO I SLOW DOWN AND STOP TOO. AFTER FEW SECONDS, I FELT AN IMPACT ON REAR. VEHICKE B COLLIDED ONTO MY REAR PORTION. WE MANAGED TO TAKE PHOTO AND EXVHANGED PARTICULARS. NO INJURIES INVOLVED.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLE4835M
Vehicle Make/Model/Colour	HONDA/SHUTTLE 1.5G/SILVER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEN HAN CHUNG
NRIC/Passport Number	S7704734D
Contact Number	91054919

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

Sketch Plan

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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that:
 - (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
 - (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
 - (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Handwritten Signature]

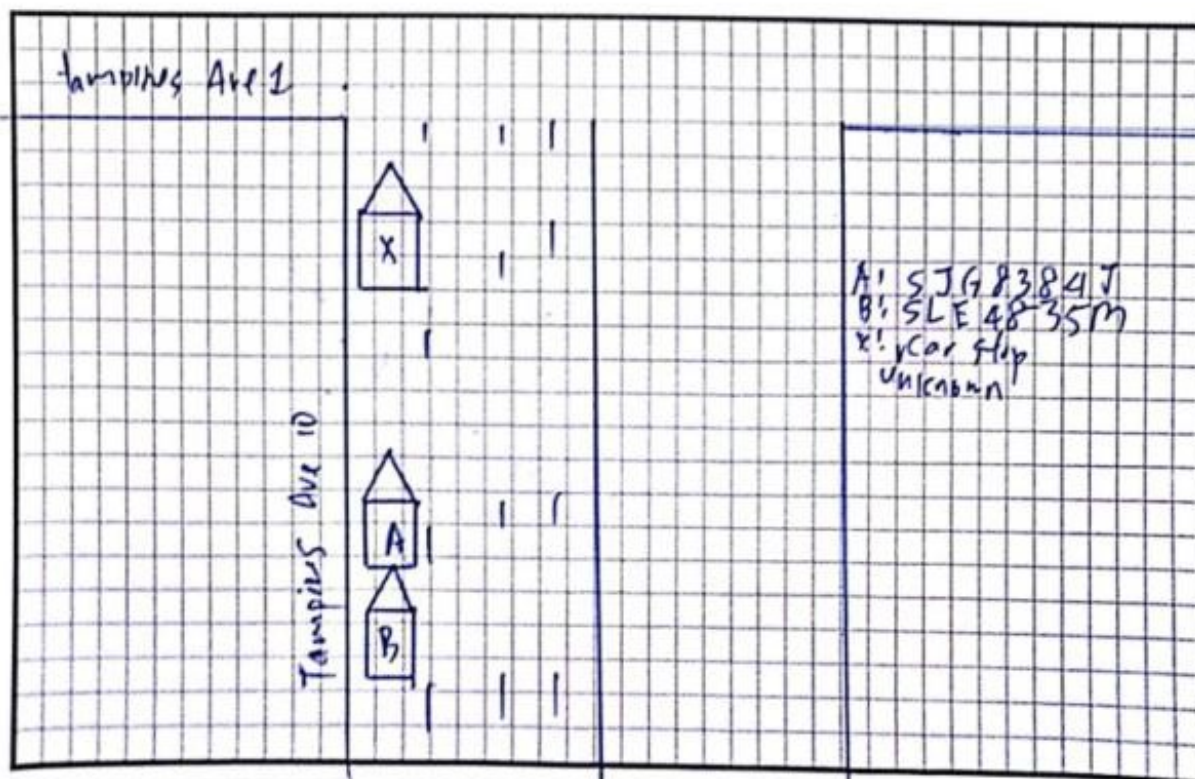
Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

VERIFIED BY AJAX MARS
REPORTING OFFICER
THOMAS NG CHIN CHUN

Witnessed by Reporting Centre
Personnel

Sketch Plan



ACCIDENT STATEMENT (2000 characters)

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Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
NG CHIN CHUN

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

Date/Time:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

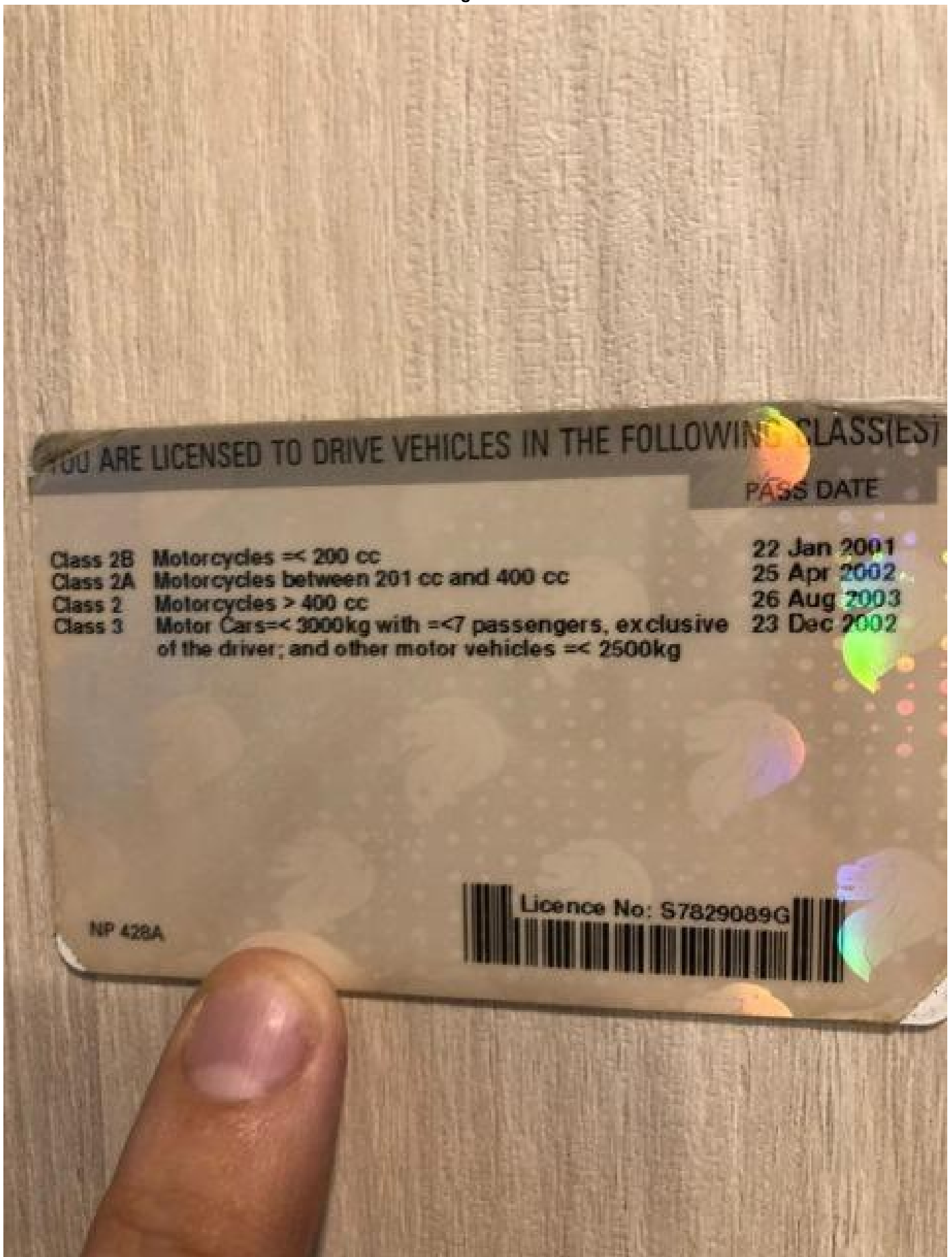
Licence Number: **S7829089G**
Name:
NG LIANG HWI
(HUANG LIANGHUI)

Birth Date: **03 Oct 1978**
Issue Date: **15 Aug 2009**



 **001772504E**

Driving License



Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7829079G



Name
NG LIANG HWI
(HUANG LIANGHUI)
黄良辉

Race
CHINESE

Date of birth
03-10-1978

Sex
M

Country of birth
SINGAPORE



Identification Card

